

POSITION	ID NO.	DATE
CLASSIFIER	19	1/14/98
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COP

INDEX OF CLAIMS

Claim	Ref	Date
1	10/1/97	4/7/98
2	4/7/98	8/20/97
3		7/16/97
4		4/1/97
5		12/01/01
6		12/01/01
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Claim	Date
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SYMBOLS

✓ Rejected
 - Allowed
 (Through numbers) Cancelled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected